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THE COUNCIL OF STATE GOVERNMENTS

COORDINATING RURAL TRANSIT

The Council of State Governments

CENTER FOR AGRICULTURE AND RURAL DEVELOPMENT

COORDINATING RURAL TRANSIT:

STRETCHING STATE RESOURCES FOR BETTER SERVICE

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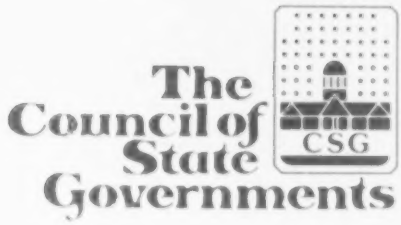

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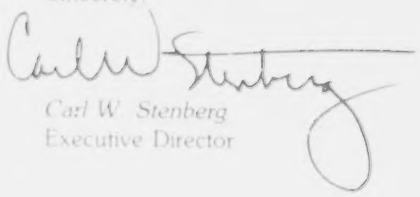
FOREWORD

Transportation plays a vital role in today's rural infrastructure. As state officials explore the role of their state governments in rural areas of the United States they will also be taking a close-up look at rural transportation. *Coordinating Rural Transit* will be useful to their investigations. It will be of particular interest to Midwesterners whose state governments provide the greatest share of funding for rural public transportation.

Coordinating Rural Transit is part of a series of studies prepared by The Council of State Governments that examine how innovative state programs can benefit rural development projects. I hope you will find this to be a valuable reference tool in your assistance to rural communities.

Sincerely,



Carl W. Stenberg
Executive Director

ACKNOWLEDGMENTS

In late 1985, The Council of State Governments was awarded a grant by the U.S. Department of Transportation, Urban Mass Transportation Administration, to conduct a study of the role of state government in rural public transportation in the United States. This report summarizes the project's findings.

The study was conducted by The Council of State Government's Center for Agriculture and Rural Development, by Michael J. Greene, with the assistance of Ruth Osser and Dinker Patel. The study had three elements: the operation of a clearinghouse on documents relating to rural public transportation; a 50 state survey of state departments of transportation on state administration of rural public transportation programs; and a symposium held in Lexington, Kentucky, in October of 1986.

This report draws on and refers to the products of the project's study elements. The source documents produced by each will be available from the National Technical Information Service. The Center received advice on the direction of the project from an Advisory Committee led by state Senator Charles D. Cook, who is Chairman of the Legislative Commission on Rural Resources, State of New York.

In addition to Senator Cook, the Advisory Committee was comprised of Representative B. G. Hendrix, the Chairman of the Arkansas House of Representatives Public Transportation Committee; Indiana Representative Walter J. Roorda, the former Chair of The Council of State Governments' Midwest Legislative Conference Agriculture Transportation Task Force; Ms. Jo Ann Hutchinson, Staff Director of the Florida Coordinating Council on the Transportation Disadvantaged; Mr. Kenneth W. Malkowski, Director of the Transportation Accounting Consortium which includes the states of Arkansas, Colorado, Florida, Iowa, Massachusetts, Michigan, and the Carolina's; and Mr. Richard Morgan, the Chief of the Economic Development Branch of the Tennessee Valley Administration.

Members of the Advisory Committee gave their time freely throughout the project and the Center gratefully acknowledges their willingness to do so.

The Council also acknowledges the support the project received from the contributors to the clearinghouse, the respondents to the 50-state survey, the participants in the Symposium, and the case study authors, J. P. Golinvaux (Iowa) and Jo Ann Hutchinson (Florida). Ralph Stanley, Lynn Sahaj, Mary Martha Churchman, and Norm Paulus of the U.S. Department of Transportation also deserve special recognition for making the project possible.

Judith C. Hackett
Director
Center for Agriculture
and Rural Development

SUMMARY OF FINDINGS

State and federal expenditures for public transportation in fiscal year 1985 totaled $7.7 billion. Of this amount, state government provided $3.5 billion of which approximately 97 percent went to metropolitan areas.

Of the remaining three percent of state support for public transportation that year, approximately $93 million went for public transportation in rural areas, and $22 million went to specialized transportation for the elderly and handicapped. These funds include the state match for federal funds available through the Section 18 and 16b2 programs administered by the U.S. DOT's Urban Mass Transportation Administration.

The Section 18 program funds public transportation in small urban and rural areas, of less than 20,000 population, which provide residents access to work, health care, education, recreation, and shopping and public service facilities.

The Section 16b2 program provides funding for the purchase of specially equipped vehicles necessary to meet the transportation needs of the nation's elderly and handicapped.

Taken together, rural public and specialized transportation made over 290 million trips in 1985 to doctors and medical facilities, social service agencies, work and job training programs and shopping areas carrying over 9,500,000 people who could not have reached their destinations otherwise.

In 1985 there were 1,025 Section 18 funded rural public transportation systems in the U.S. operating a total of 12,000 vehicles. 57 percent of the systems were run by public agencies. The typical Section 18 system operated 13 vehicles, served 7,000 riders, and made 183,000 trips during 1985. The Section 18 providers operating in 5 states made up just under a third of all the 1,025 Section 18 providers in 1985. By number of systems, the states are: California (94), Nebraska (57), New York (55), Michigan (51), and Kansas (42).

Three thousand, two hundred and thirty-seven agencies received Section 16b2 funding in 1985 to operate almost 17,000 vehicles. All of the Section 16b2 providers were private, non-profit agencies. About 60 percent of these operators were providing services in rural areas. The typical Section 16b2 provider had 5 vehicles, served 840 clients, and made 28,000 trips during 1985. Better than 30 percent of the vehicles were equipped with ramps or wheelchair lifts, and almost 40 percent had two-way radios. The Section 16b2 operators in 5 states made up just under a third of all the 3,237 Section 16b2 operators in 1985. By number of providers, the states are: Ohio (262), California (204), Texas (171), Oklahoma (149), and Florida (127).

The total operating cost of all the Section 18 providers in FY 1985 was $295,000,000 of which local government paid $102 million, users paid $82 million, the federal government paid $78 million, and state government paid $32 million. The total operating cost for all Section 16b2 providers in FY 1985 is unknown.

The greatest single share of rural public transportation provider revenues came from users in the Northeast, from local government in the West, from state government in the Midwest, and from the federal government in the Southeast.

COORDINATION

Since, in most instances, these Section 18 and 16b2 riders use this transportation to receive a health or human service provided through another government program, most states attempt to integrate these services by coordinating state Department of Transportation decision making on Section 18 and 16b2 funding with state health and human services agencies.

Under the Section 18 program guidelines, state government, as the initial recipient and pass-through agent of Section 18 funding, is encouraged to devise and implement administrative controls which "insure maximum feasible" coordination among the local level transportation providers which are the ultimate recipients of Section 18 funding.

Forty-one states have some type of coordination mechanism to improve the level and availability of transportation services in rural areas through the Section 18 and 16b2 programs. These programs, which all share the objective of reducing or eliminating duplicative transit services can be categorized, with overlap, as falling into one of three methods of administration: task forces, committees, or mandatory programs.

Thirteen states use interagency task forces, comprised of representatives of state departments of transportation, health & human services, and aging, etc., which meet to discuss mutual transportation concerns relating to the Section 18, 16b2, and other programs.

Eighteen states employ interagency committees, created via state legislation, executive orders, and/or interagency agreement. They are comprised of transportation and health and human services agency representatives. They review applications for Section 18 and 16b2 funding and make recommendations on working relationships between state agencies whose clients can or could use the Section 18 and 16b2 funded transportation services.

Nine states have mandatory coordination programs which may include authority delegated by the state legislature for the termination of state controlled funding for human service and transportation agencies which do not comply with the coordination program guidelines.

The major impediments to coordination of public and specialized transportation in rural areas arise from the multiplicity of human service and related transportation programs provided by the federal, state, and local government. By last count, the federal programs numbered 114, and recent estimates of the U.S. Department of Health and Human Services expenditures for transportation services alone approach $1 billion per year.

Since most of these federal program services are actually delivered through state and local agencies, which number in the thousands, effective communication between and within all levels of government on the goals, benefits, and methods of coordination is essential.

Though they vary widely in complexity, all state coordination programs share the concept of centrality, ie., the flow of relevant information through one "point". This point is located at the state level in eighteen states; at the regional level in sixteen states, and at the local level in five states.

The willingness to cooperate between and within government—to the extent of designation and sharing of personnel, funding, and equipment—is also essential for coordination initiatives to succeed.

In the states with the greatest degree of coordination, the state Departments of Transportation also strive to enhance the management capacities of the agencies and personnel involved in the administration of the transportation elements of larger programs.

In these states, the technical and management assistance available to rural and specialized transportation providers through the state transportation departments is broad in scope and ranges from the provision of information on vehicle specifications, purchasing, and maintenance, to bookkeeping and accounting procedures and software, to logistical support for state transit associations training workshops and conferences.

Several of these states, including New Jersey, also provide additional funding, through designated tax receipts, to supplement the state's Section 18 program match. These funds may be distributed, as in Iowa, on formulae designed to reward transit systems and providers which coordinate their services with other agencies. Additionally, Massachusetts and New York have designated funds to be used exclusively to facilitate the "start-up" of coordinated transit systems.

Other states have empowered localities to levy taxes to support special transportation for the elderly and handicapped, as in Montana, or to designate percentages of local sales tax revenues for community transit, as in California.

Rain or shine, rural transit gets people where they need to go.

Almost 25% of Americans live in small towns and rural areas.

Chapter I: INTRODUCTION

The decline of the nation's farm economy has generated a renewed attention to the quality of life in rural America. Among policymakers, this attention has spawned a growing awareness of the ways in which life in rural and small town America differs from life in urban, metropolitan U.S.A.

In its simplest form, the difference between urban and rural is that fewer Americans live in rural settings than in metropolitan areas. Population estimates show that about 56 million people, or roughly 25 percent of the U.S. population, live in rural areas and small towns.

This poses a special problem for rural legislators because representatives of only 25 percent of the voters do not often win the day in the legislative arena.

As General Revenue Sharing and other federal grant-in-aid programs give way in the face of new federalism and deficit reduction, the maintaining of public services, such as transportation, in rural areas will provide many challenges for state policymakers. Federal deregulation in the transportation sector and the rise in insurance premiums also present specific new problems for transportation in rural areas, but first among all the challenges is the need to devise methods for making up lost federal funding.

In some states, and perhaps in most metropolitan areas, localities may be able to support increased or new taxes which will produce revenues adequate to replace the historic federal share of a public program's cost. In these instances, the state legislature might grant localities increased taxing authority as a method of "making-up" the lost federal funding. Dedication of a portion of the revenues from a state tax to support public transportation is a second alternative. New Jersey's use of its casino tax revenue to support transportation services for the elderly is a good example.

But, in rural areas which cannot support taxes sufficient to produce revenues for replacing all of the lost federal support, additional methods of supplementing program funding will be needed to maintain service delivery levels for basic programs which provide health and related services. However, the implementation of service delivery cost reduction techniques, such as coordination, may be the first policy alternative.

Though "safety-net" programs like Medicare and Social Security have not yet experienced large cutbacks, the Section 18 program, which is the mainstay of public transportation in rural America, was cut by 11 percent in fiscal 1986. This reduction was off-set by some states through transfers of funds from related U.S. DOT programs, such as Section 9, into their Section 18 accounts, and other accounts such as Section 3 could also be used to supplement rural public transportation. The

Section 18 cut was restored in the federal budget for fiscal 1987, but the potential of permanent cuts in these and other accounts to reduce the federal deficit makes these transfers only a short-term method of maintaining current levels of funding for rural public transportation.

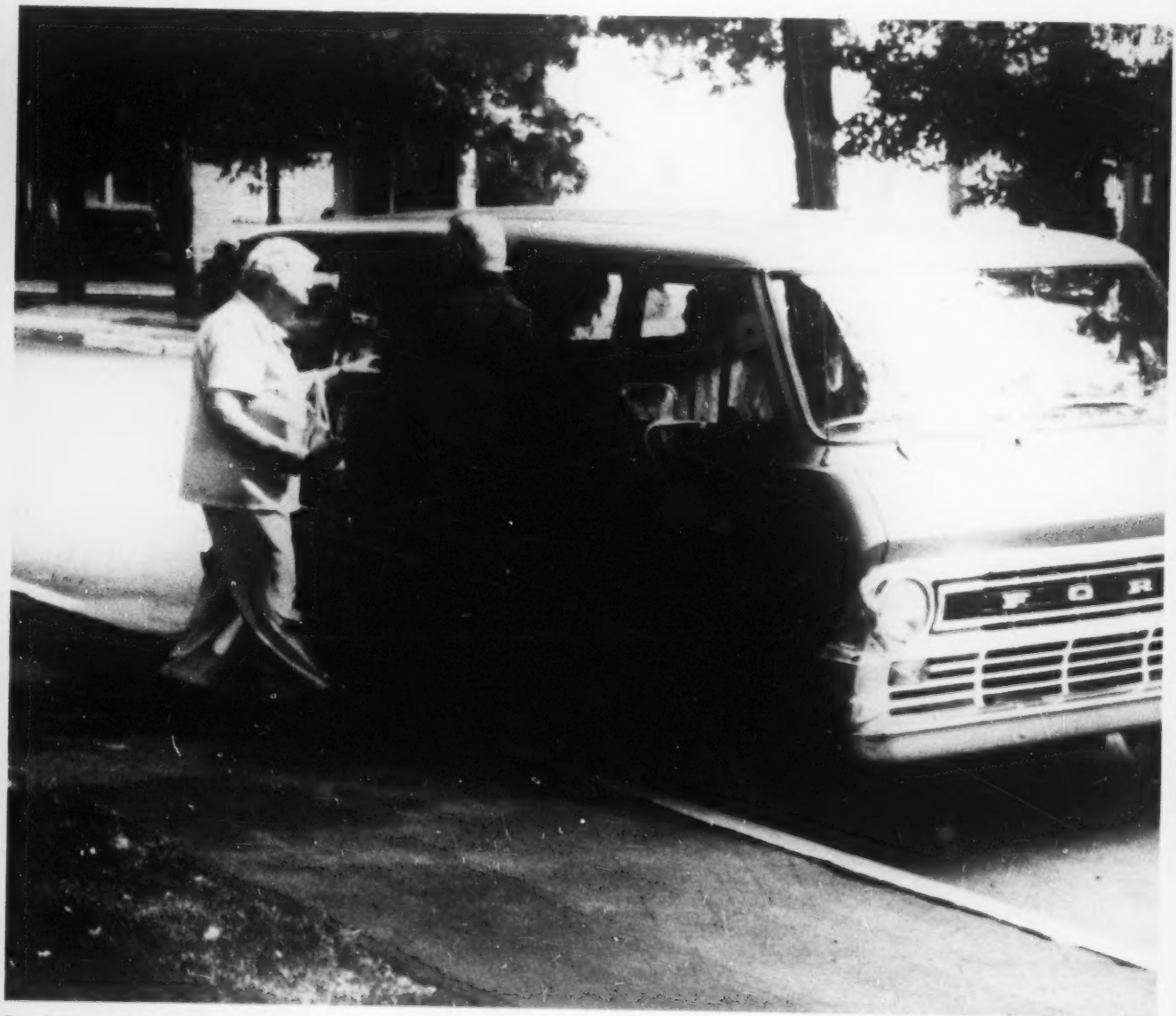
The termination of the General Revenue Sharing program alone may require the states and localities to increase annual appropriations, or revenue designations, for rural public transportation in order to maintain the current level of service. States which have implemented effective human services transportation coordination programs may feel the impacts of these future federal cuts the least.

For many Americans, rural and specialized public transportation is the sole means of access to health and human services which add immeasurably to the quality of their individual lives. Taken in the national context, this group of almost 10,000,000 people represents less than five per cent of the total population.

At the state level however, the users of these services constitute a much greater percentage of the population of the communities in which they reside. For example, rural and specialized transportation providers in Arkansas carried the equivalent of 25 percent of that state's total population in FY 1985. And, at the local level, the users and potential users of rural and specialized transportation can constitute an even higher percentage of the population.

Additionally, it is estimated that in only five states do all the residents who might qualify to use rural public and specialized transportation services have this service available to them.

This statistic alone, underlining as it does the yet unmet need for public and specialized transportation in rural areas, provides a sound reason for state government to coordinate its resources for better services.



Rural transit adds to quality of life.

Section 18 transit systems serve the general public in cities of less than 20,000 population.

Chapter II:

RURAL PUBLIC TRANSPORTATION

Public transportation provides for the movement of people and goods from one place to another, and, where the service is provided, it is available to anyone who can pay for it.

To insure that the service is available, public transportation is subsidized by federal, state, and local government. In FY 1985 the federal and state government subsidy amounted to $7.7 billion. Of this total, state government provided $3.5 billion of which approximately 97 percent went to metropolitan areas. Of the remaining 3 percent of state support for public transportation, approximately $93 million went for public transportation in rural areas, and $22 million went to specialized transportation for the elderly and handicapped.[1]

Though the large buses, subways, and commuter trains operating in metropolitan areas come most readily to mind when we think of public transportation, these urban systems are far outnumbered by the 4,362 transportation systems[2] which were providing service to the nation's small urban and rural areas in 1985.

In addition to their use of small buses, vans, and taxis, rural public transportation systems differ from urban systems in other respects. Urban systems rely almost exclusively on fixed-routes and schedules which usually require riders to walk to bus, subway, or train stops and to make transfers to arrive at their ultimate destinations. However, 50 percent of rural systems provide their clients with "demand responsive" service which includes door-to-door pick-up and delivery.[3] Rider fares generate the largest share of urban system revenues, but for rural systems, local government does. (see Table 1)

TABLE 1. OPERATING COSTS FOR PUBLIC TRANSPORTATION

Revenue Generator	% of Urban Costs	% of Non-Urban Costs
User	44.3	27.8
Local	30.3	34.7
State	17.6	11
Federal	7.7	26.5

Source: 1985 Survey of State Involvement in Public Transportation, American Association of State Highway & Transportation Officials (1985 AASHSTO)

In addition to being more flexible than urban public transportation, rural public transportation relies heavily on volunteer workers and plays a more integral role in meeting users health and human services needs than do urban systems. This latter aspect of public transportation, i.e., its interface with health and human services delivery, makes its availability so important in rural areas.

Rural Americans are older, less affluent, and less likely to own cars than their urban counterparts.[4] Because of their age and income, their health and human service needs are greater than the population-at-large, and since they often don't have cars, the availability of public transportation is relatively more important to rural Americans than to urban Americans. In most instances, rural public transportation provides those who use it with their only access to health and human services.

Because of its role in the delivery of health and human services, rural public transportation frequently operates to meet several objectives. The primary objective of the first type of rural transportation system, often referred to as a "Section 18 provider," is to meet the transportation needs of the rural public in general. The objective of the second type, often referred to as a "Section 16b2 provider," is to meet the special transportation needs of the elderly and handicapped. These titles, ie. Section 18 and 16b2, refer to sections of the Urban Mass Transportation Act of 1964 (UMTA-64), as amended, which provides the major source of funding for these transportation providers.[5, 6]

Section 18 Program: The goal of the Section 18 program is to fund public transportation in small urban and rural areas to provide better access for all residents to health care, work, education, recreation, shopping, and public service facilities. The applicant for federal funding must be a public body, such as a city or county, or a not-for-profit public transportation provider. But the actual operator may be a city or county or, via contract with the public body, a private for profit operator.

Through the Section 18 matching grant program, the federal government will pay for 80 percent of the capital cost of purchasing transportation equipment, 80 percent of the administrative and overhead costs of operating a system, and 50 percent of the cost not covered by fares (net operating cost) of systems in rural areas and small communities of under 20,000 population.

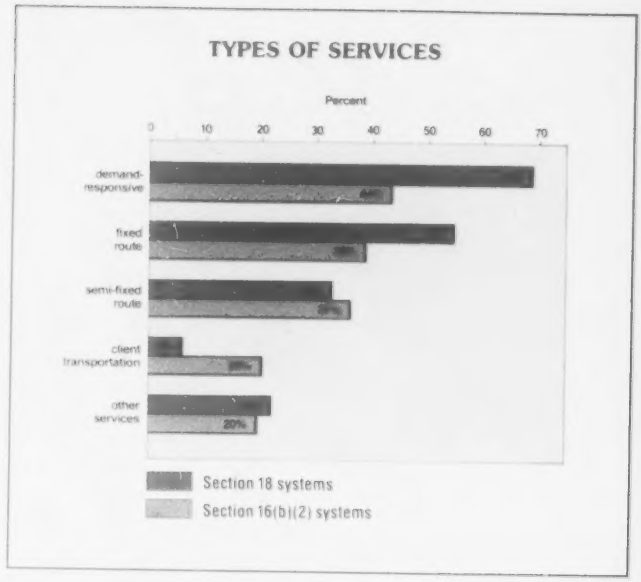
The remaining capital, administrative and overhead, and net operating costs are paid for by the state and localities. A recent change in the Section 18 program, known as the Leahy Amendment, provides that states and localities can use federal funds available to them through other programs to make up the "local match."

Section 16b2 Program: The goal of the Section 16b2 program is to meet the special transportation needs of the nation's elderly and handicapped by providing funds for the purchase of specially equipped vehicles necessary for their transportation. The funding is available to not-for-profit organizations such as the American Red Cross, senior citizen's centers, sheltered workshops, and other private community service organizations, many of which may be receiving federal funding through another program such as the Older Americans Act.

Under the Section 16b2 program, the federal government will pay 80 percent of the purchase cost of equipment used to transport the elderly and handicapped to obtain human services. The remaining 20 percent of the purchase cost must come from local sources. Section 16b2, unlike the Section 18 program, doesn't provide program grantees with subsidies for operating costs.

The source and matching ratios of funding for the Section 18 and 16b2 programs are shown in Table 2.

In FY 1985, there were 1,025 Section 18 funded rural public transportation systems operating a total of 12,000 vehicles. Fifty-seven percent of the systems were run by public agencies. The typical Section 18 system operated 13 vehicles, served 7,000 riders, and made 183,000 trips in 1985. Almost 70% of the Section 18 systems provided demand-responsive service, and about 30 percent of their vehicles were equipped with wheelchair lifts or ramps. About 60 percent of the vehicles were also radio-equipped (see Table 3).



In contrast to the Section 18 systems, almost 60 percent of which were operated by public agencies, 99 percent of Section 16b2 recipients are private, non-profit agencies.

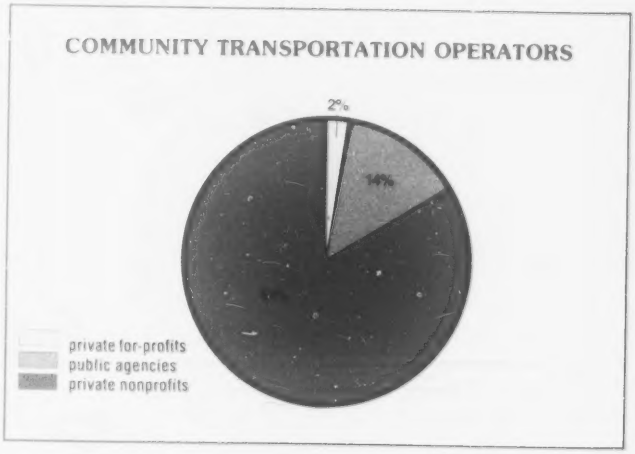


TABLE 2.
FUNDING RATIOS
SECTION 18 AND 16b2 PROGRAMS

	Section 18			Section 16b2		
Expense	**Federal**	**State**	**Local**	**Federal**	**State**	**Local**
Capital	80%		20%	80%	NA	20%
Administration & Overhead	50%		50%	NA	NA	NA
Net Operating	80%		20%	NA	NA	

TABLE 3. NATIONAL PROFILE OF RURAL AND SPECIALIZED TRANSPORTATION AGENCIES

	Agencies Funded Under			
	Section 18	Section 16b2*	Subcontractors**	All Agencies
Number of Agencies	1,025	3,237	225	4,487
Percent Which Are:				
Public Agencies	57.4%	0.2%	28.4%	**13.6%**
Private Nonprofits	37.1%	99.3%	35.1%	**83.6%**
For-Profits and Others	5.5%	0.5%	36.5%	**2.8%**
Number of Providers	939	3,167	225	**4,331**
Percent Providing:				
Demand-Responsive Service	68.5%	43.6	64.7%	51.1%
Fixed Route Service	54.5%	38.5%	45.9%	43.1%
Semi-Fixed Route Service	32.9%	36.8%	34.6%	35.7%
User-Side Subsidy	5.4%	2.4%	3.8%	3.3%
Client Transportation	6.1%	20.4%	7.5%	16.0%
Other Forms of Service	16.9%	17.5%	24.1%	17.6%
Percent Reporting Use of Private Subcontractors for Part of Service	29.0%	17.3%	16.1%	20.5%
Fleet Information:				
Total No. Vehicles	12,136	16,694	2,894	31,724
Average Per Agency*	12.9%	5.3%	12.9%	7.3%
Percent Lift/Ramp Equipped	28.3%	31.6%	32.9%	30.4%
Percent Radio-Equipped	63.6%	37.9%	81.7%	52.2%
Ridership:				
Total Annual Trips	172,405,720	90,343,470	27,401,490	290,150,380
Average Per Agency	183,610	28,530	121,780	66,990
Total Individuals Served	6,280,860	2,652,030	642,180	9,575,070
Average Per Agency	6,690	840	2,850	2,210

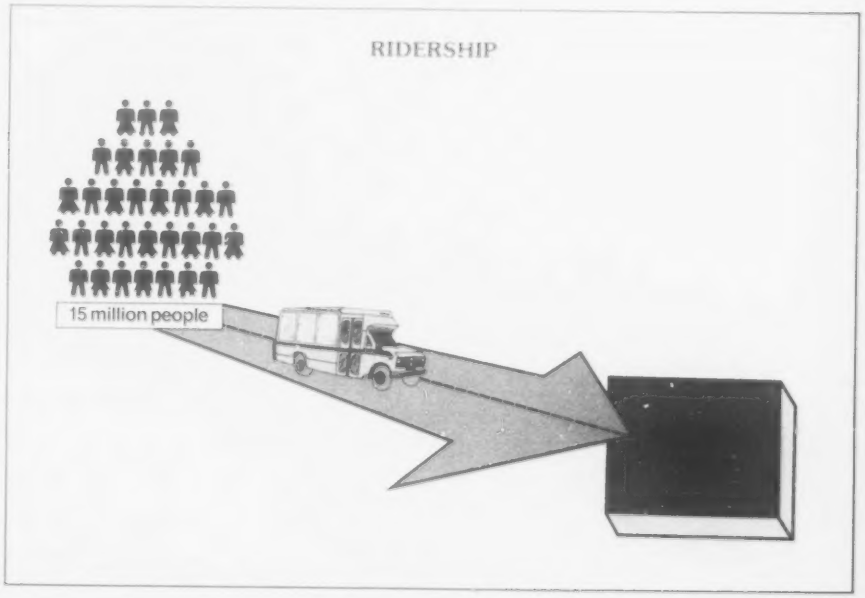
*Excluding 209 funded under Section 18 as well.
**Excluding those also funded under Sections 18 and/or 16b2.

Source: *A Directory of Rural and Specialized Transit Operators*, Rural America, June 1986.

It is estimated that in 1985 these rural public transportation systems made over 290 million trips to doctors and medical facilities, social service agencies, work and job training programs, and shopping areas carrying over 9,500,000 people who could not have gotten to their destinations otherwise.[7]

The total operating cost of all the Section 18 systems in the U.S. in FY 1985 was $295 million.[8] It is estimated that of this total cost, local government paid $102 million, users paid $82 million, the federal government paid $78 million and state government paid $32 million. These figures reflect the estimated ratios of revenue sources for rural public transportation systems shown in Table 1.

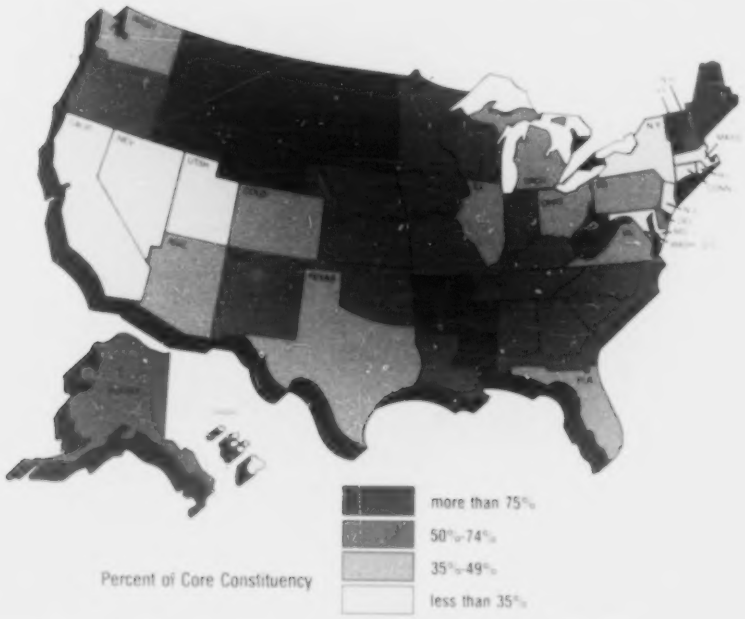
The relationships between the federal, state, local government, and user revenues for the 1,025 rural public transportation systems vary from one area of the county to another. On a regional basis, the two leading sources of rural public transportation system revenue are:



CURRENT AND FUTURE NEEDS

Residents of nonurban areas and the elderly and handicapped in both urban and nonurban areas represent the core constituency of rural and specialized transportation. This constituency, of nearly 117 million people, including 6 million disabled people, 26 million other individuals who are poor, and 61 million rural residents, makes up a majority of the population in 29 of the 50 states and includes three-fourths of the people in another 10 states.

Current trends suggest that rural residents will comprise 35% of the nation's population by the year 2000. According to the U.S. Administration on Aging, the number of people over age 60 (now one in nine) will increase to one in six by the year 2000.



users and the federal government in the Northeast (62.4%), the federal government and users in the Southeast (80%), federal and state government in the Midwest (57%), local government and users in the West (78%). (See Table 4 on the next page.)

In 1985 the greatest single share of revenue for rural public transportation in the Northeast came from users, from local government in the West, from state government in the Midwest, and from the federal government in the Southeast.

The Section 18 providers operating in five states made up just under a third of all the 1,025 Section 18 providers in 1985. By number of systems, the states are: California (84), Nebraska (57), New York (55), Michigan (51), and Kansas (42). The Section 16b2 operators in five states made up just under a third of all the 3,237 Section 16b2 grantees in 1985. By number of providers, the states are: Ohio (262), California (204), Texas (171), Oklahoma (149), and Florida (127). (See Table 5)

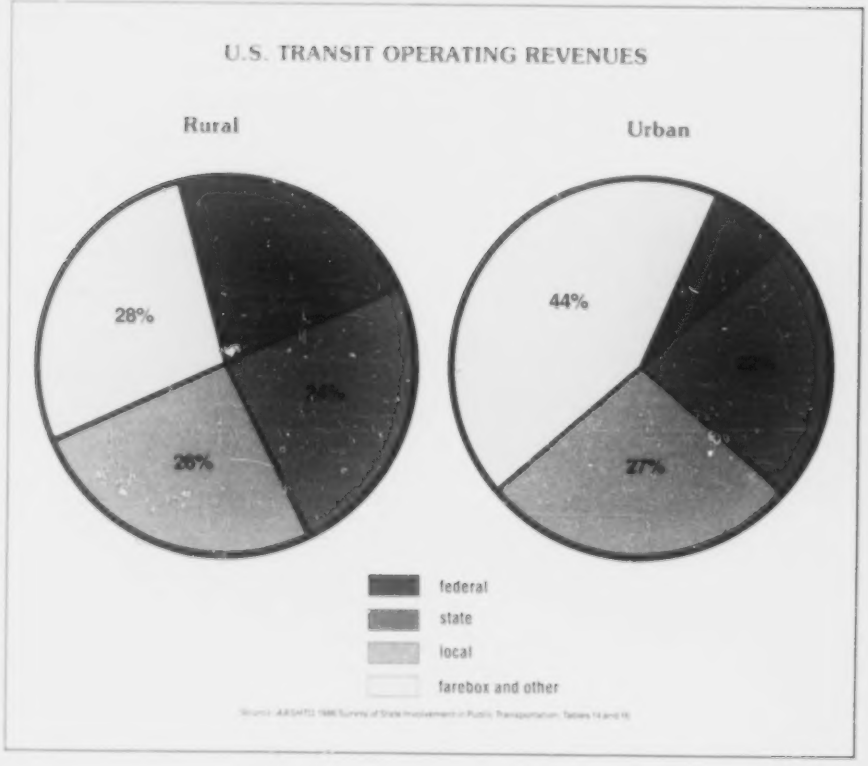


TABLE 4. RURAL PUBLIC TRANSPORTATION OPERATING COST DISTRIBUTION (AND NUMBER OF PROVIDERS) FOR NON-URBAN AREAS

Region	Percent Total Met By:				Number of Providers:		
	User	Local	State	Federal	Section 18	Section 16b2	Total
Northeast	34.4	10.6	23.1	32	147	521	661
Southeast	21.7	15.1	5.9	57.2	241	913	1,093
Northwest	21	22.6	24.2	32.2	375	1,178	1,405
West	30.4	47.6	5.8	16	262	715	1,001
TOTAL					1,025	3,327	4,160

Source: *1985 AAHSTO Survey*; figures for Sec. 18 & 16b2 providers derived from *UMTA Funded Rural and Specialized Transportation Agencies by State and Region*, Rural America, ca 1983/84.

TABLE 5. UMTA-FUNDED RURAL AND SPECIALIZED TRANSPORTATION AGENCIES (BY STATE AND REGION)

Region/State	Funded By: Section 18	Funded By: Section 16b2	Funded[a] Under Both Programs	Total[b] Net Agencies
REGION I				
Connecticut	9	39	(0)	48
Maine	15	1	(6)	16
Massachusetts	12	67	(1)	79
New Hampshire	4	34	(1)	38
Rhode Island	1	20	(1)	21
Vermont	4	27	(1)	31
Total	44	188	(10)	232
REGION II:				
New Jersey	13	110	(2)	123
New York	55	53	(0)	108
Total	68	163	(2)	231
REGION III:				
Connecticut	2	21	(0)	23
Dist. Columbia	0	13	(0)	13
Maryland	7	64	(1)	71
Pennsylvania	19	64	(0)	84
Virginia	12	29	(0)	41
West Virginia	12	69	(4)	81
Total	52	260	(5)	312
REGION IV:				
Alabama	33	12	(8)	45
Florida	24	127	(7)	151
Georgia	35	50	(9)	85
Kentucky	19	45	(3)	64
Mississippi	17	70	(6)	87
North Carolina	21	90	(1)	111
South Carolina	9	79	(2)	141
Tennessee	13	128	(2)	141
Total	171	601	(36)	772
REGION V:				
Illinois	13	33	(7)	57
Indiana	19	86	(3)	105
Michigan	51	45	(9)	96
Minnesota	36	70	(0)	106
Ohio	28	262	(3)	290
Wisconsin	31	92	(1)	123
Total	178	599	(23)	777
REGION VI:				
Arkansas	7	93	(2)	100
Louisiana	36	66	(26)	102
New Mexico	26	43	(10)	69
Oklahoma	12	149	(5)	161
Texas	29	171	(4)	200
Total	110	521[c]	(47)	631
REGION VII:				
Iowa	23	0	(7)	23
Kansas	42	74	(12)	116
Missouri	31	94	(5)	125
Nebraska	57	31	(4)	88
Total	153	199	(28)	352
REGION VIII:				
Colorado	20	25	(7)	45
Montana	9	52	(6)	61
North Dakota	18	43	(14)	61
South Dakota	14	48	(8)	62
Utah	4	44	(2)	48
Wyoming	5	27	(3)	32
Total	70	239	(40)	309
REGION IX:				
Arizona	11	61	(2)	72
California	94	204	(0)	298
Hawaii	3	26	(1)	29
Nevada	6	40	(0)	46
Total	114	331	(3)	445
REGION X:				
Alaska	9	29	(0)	38
Idaho	6	46	(4)	52
Oregon	19	43	(1)	62
Washington	32	19	(11)	51
Total	65[c]	136[c]	(15)	201
Total for U.S.	1,025	3,237	(209)	4,262

[a]Double-funded systems included in column #1 totals.
[b]Total reflects column #1 column #2
[c]Regional total reduced to reflect one agency funded by two states.
Source: *A Directory of Rural and Specialized Transit Operators*, Rural America, June 1986.

Thirty percent of all rural public transportation vehicles are equipped with wheelchair lifts or ramps.

Most State Departments of Transportation offer training assistance to rural transit operators.

Chapter III:

STATE COORDINATION PROGRAMS

In 1977, the U.S. General Accounting Office estimated that there were 114 federal programs, which were funding public transportation services.[9] Many of these state-administered programs are for health and human services which either provide for client transportation to and from the point of service, or rely on transportation services provided through another federal program, such as the U.S. Urban Mass Transportation Administration's Section 18 and 16b2 programs. The major programs among these include Medicaid, Social Security, the Older Americans Act, Head Start, the Community Services Block Grant Program, the Joint Training Partnership Act, and the Public Health Services Act. (See Table 6)

In 1978, when the U.S. Congress enacted amendments to UMTA-64 creating the Section 18 program, it acknowledged the need for coordination among the many federal programs with transportation elements by requiring applicants for Section 18 funding to show how their rural public transportation service would coordinate with other transportation providers.

Under the program guidelines, state government, as the pass-through agent of Section 18 funding, is encouraged to devise and implement administrative controls which "insure maximum feasible" coordination among the local level transportation providers which are the ultimate recipients of Section 18 funding.

By 1981, the Office of Human Development Services of the U.S. Department of Health and Human Services reported that over half the states had "made considerable progress" in implementing policies and programs to provide transportation services more efficiently and that the majority had taken steps toward coordination issues, at both the state and local levels. The survey on which the report was based found that 11 states had established interagency coordinating committees by executive order or legislation, that 33 had done so by interagency agreement, that nine states had implemented funding methods to insure coordination among transportation service providers. Fifteen states were also providing technical assistance to local service providers. The report concluded by saying that the states needed "information and guidance on how best to implement cost-effective transportation services."[10] A 50 state survey conducted in 1984 indicated that, by that time, 36 states also required Section 16b2 applicants to meet a coordination test in funding criteria for this program.[11]

Since then, across-the-board cutbacks in federal spending to reduce the federal budget deficit have renewed interest in coordination as a general management tool to stretch program resources. This has been especially true in the area of transportation.

FIFTY-STATE SURVEY

During the summer of 1986, the Council of State Governments' Center for Agriculture and Rural Development conducted a survey of state Departments of Transportation on the coordination of the Section 18 and 16b2 programs. The survey had two objectives. The first was to update the information base on state government programs to coordinate rural public and specialized transportation services. The second was to attempt to quantify the impact of the coordination programs. The survey results are discussed here and in Chapter IV.

Forty-one of the 45 states responding have implemented some type of coordination mechanism to improve the level and availability of transportation services in rural areas through the Section 18 and 16b2 programs. (See Appendix A)

Though they all share the objectives of reducing or eliminating duplicative transit services, state coordination programs vary considerably in scope and power. While the programs may overlap, they generally fall into one of three categories of administration: informal interagency task forces which share information; formal interagency committees which have authority to make recommendation on applications for Section 18 and 16b2 funding; mandatory coordination programs based on statutory authority to require compliance.

Interagency Tasks Forces comprised of representatives of state departments of transportation, health and human services, and aging, etc., which meet to discuss mutual transportation concerns relating to the Section 18 and 16b2, and other programs, are currently in operation in thirteen states. (See Appendix A: Idaho, Massachusetts, Nebraska, New Mexico, North Dakota, Ohio, Rhode Island, South Dakota, Texas, Vermont, Washington, West Virginia, and Wisconsin)

Interagency Committees, created via state legislation, executive orders, and/or interagency agreement, which review and make recommendations on applications for Section 18 and 16b2 funding and

TABLE 6. FEDERAL PROGRAMS ADMINISTERED BY THE STATES (WHICH INCLUDE EXPENDITURES FOR RURAL AREAS)

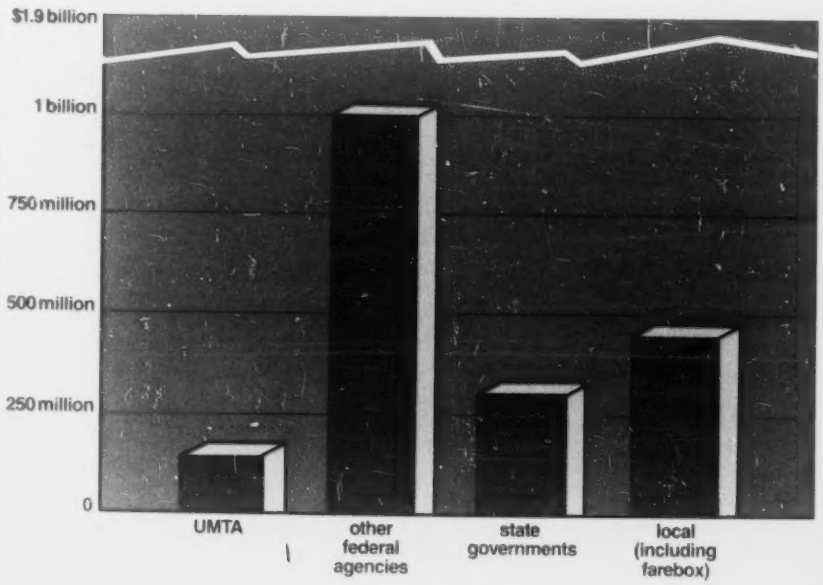
Category of Service	Federal Program	Purpose
Aging	Older Americans Act Title III-B Title III C1 Title III-C2 Title V	Assists older Americans, provides support services for persons 60 or older, including nutrition, out-reach, day care, and transportation needs.
Action		Provides community employment for economically disadvantaged persons 55 or older.
Education	Head Start	Provides day care services to children of low-income families including transportation to program activities.
	Elementary and Secondary Education Act of 1	Provides assistance to states to meet the special transportation needs of handicapped children.
	Title VI-B, Section 611-614 Section 110	Provides vocational training for handicapped persons including transportation to program activities. Rehabilitation Act of 1973.
Health	Social Security Act	Provides medical and related treatment services, including transportation to facilities for physically handicapped children.
Labor	Job Training Partnership Act	Provides vocational training for low income persons and supportive services including transportation.
Mental	Public Health Services Act	Provides multi-client supportive services for health care including transportation.
Social	Medicaid Title XX Title XIX	Provides supportive services for low income persons including transportation to medical facilities, employment, and job training.
General	Community Services Block Grants	Provides supportive services to low income persons including transportation.
Transport	UMTA Section 18	Provides capital and operating assistance to public bodies in rural and small urban areas for public transportation.
	UMTA Section 16b2	Provides capital assistance to private non-profit organizations to purchase vehicles for the transportation of the elderly and handicapped.

on working relationships between state agencies involved with the Section 18 and 16b2 programs, are currently in operation in eighteen states. (See Appendix A: Alabama, Arizona, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Kentucky, Maryland, Missouri, Montana, Nevada, North Carolina, Oklahoma, South Carolina, Vermont, and Washington). The Idaho Departments of Health and Welfare and Education are currently negotiating an interagency agreement.

Mandatory Coordination Programs, which by action of the state legislature may include authority for the termination of state funding of state and local agencies providing transportation services which do not comply with the coordination programs guidelines, are in effect in nine states. (See Appendix A: California, Delaware, Florida, Iowa, Maine, New Jersey, New York, Vermont, and Virginia.)

Though these coordination programs vary widely in degree of complexity, they all share the essential concept of centrality, ie., the flow of relevant information through one "point". This point may be located at the state, regional, or local level.

SOURCES OF REVENUE FOR COMMUNITY TRANSPORTATION



STATE LEVEL COORDINATION PROGRAMS

In its simplest form, this point may consist of one person in the state department of transportation who performs what could best be described as a record keeping and accounting function.

In this case, records generated by a local service provider's application to the state for Section 18 funding are maintained, and a tally is kept of how the state's total Section 18 funding is distributed during the program accounting year. In addition to containing the applications for Section 18 program funding, these records may also include attachments to the applications consisting of copies of public notice advertisements which the applicant placed in the local newspapers at the time the application was submitted.

Typically, these notices state that an application has been submitted to the state for Section 18 funding to start or continue the operation of a rural public transportation system, and invite comments from the general public and the private sector transportation providers on the need for the proposed service and whether another entity could meet it.

The records may also contain application attachments consisting of copies of letters which the applicants sent to social and human service agencies offering transportation services within the proposed service areas. If the notice and/or letters generated comments, these responses, along with notation of how they were reconciled, would also be part of the record. In some states, the folders containing these records constitute the state's rural public transportation coordination program. (See Appendix A: "no program" entries.) Less than two-fifths of the states fall into this category.

Interagency Task Forces

Moving up the scale of state coordination programs to those characterized by the existence of an interagency committee, the contents of the folder described above might be discussed at periodic meetings of representatives of the transportation and human services departments. Sixteen state level coordination programs fall into this category. Other agencies of state government might also be included. (See Alabama, Appendix A).

If the committee meets without formal authority to do so, its discussions might be restricted to specific applications for Section 18 or 16b2 funding and be characterized as general information sharing. In this case, the transportation department might or might not consider the other agencies comments on the applications in making its decisions on funding.

Interagency Agreements

If the committee has been established by a formal interagency agreement (see Kentucky, Appendix A), it might be charged with the responsibility to approve or disapprove applications for Section 18 and/or 16b2 funding, and to meet on a regular basis.

At these meetings, the representatives of the participating departments update each other on their department's ongoing analyses of the overall human service or related transportation needs of the state and their plans to meet them, and, per the interagency agreement, discuss ways and means of assisting each other in meeting their program goals.

Generally, the participating departments' analyses consist of an evaluation of the service needs of the state, or sub-state region, the types and levels of services which are available to meet them, whether the available services are sufficient, and the amounts and sources of funding available to meet them if they are not.

The analyses may also include an evaluation of the extent to which new, or continuing, transportation services provided via a Section 18 or 16b2 applicant would augment availability of the services for which the respective departments have principal responsibility.

The transportation department's analyses would consist of an evaluation of the impact that the awarding or withholding of Section

18 funds for a public transit system in a small town or rural area would have upon any state or regional transportation plans it might be required to maintain.

The human service department's analyses would also include evaluations of the impact a Section 18 or 16b2 system could have on the delivery of needed human services.

Over time, this interagency flow of information on goals, objectives, and resources, and the interagency committee's joint actions on Section 18 and 16b2 applications, affects the types and origins of applications actually received for Section 18 and 16b2 funding. And, since almost all state departments of transportation provide technical assistance for the preparation of applications for Section 18 funding, a department's participation in an interagency committee enhances its ability to shape and package applications which, where feasible, meet its objectives as well as those of the department for human services.

And, in instances where the state department for human resources controls the operational funding of applicants for Section 16b2, or controls the funding for local human service agencies whose use of the services provided by a Section 18 applicant could provide revenue for the proposed rural public transportation system, the department's ability to influence the use of Section 18 and 16b2 funding to meet its objectives is considerable.

REGIONAL LEVEL COORDINATION PROGRAMS

In eighteen states, the coordination programs operate at the regional level. (See Appendix A: California, Colorado, Florida, Hawaii, Iowa, Idaho, Indiana, Mississippi, Montana, Nebraska, New Mexico, North Carolina, North Dakota, Rhode Island, South Dakota, Tennessee, Washington, West Virginia).

In these states, the coordinating committee is comprised of representatives of regional health, human, and social service agencies which may actually provide services, including transportation. These committees operate similarly to the state-level coordination committees except that their evaluation and analyses of service needs and available resources to meet them are done on a regional level.

In three of the eighteen states, representatives of the state departments of transportation, and human, health, and social service departments also participate in the regional coordination committee's deliberations. (See Appendix A: Colorado, Maine, and New Hampshire).

LOCAL LEVEL COORDINATION PROGRAMS

At the other end of the spectrum of rural transportation coordination programs, in five states the coordination "point" is actually the tip of an administrative structure which extends from the state capital into every rural community in the state. In this case, the concept of "centrality" operates through the use of the designation, assigned by the coordination system, of "a sole provider", or "a single agency", for public transportation services at the local level.

The "sole provider" may be a private or public agency which provides transportation services itself, or which is empowered to require coordination among the local transportation providers in the region. Local level coordination programs are currently in operation in Florida, Iowa, Maine, Massachusetts and Montana. They are based on regional transportation, or human service, administrative units of the state government.

FLORIDA AND IOWA

Because of the plethora of federal programs noted earlier the state Department for Health and Human Services may not control the operational funding of a Section 16b2 applicant, or of local agencies whose use of the Section 18 system could provide the system with needed revenue.

Even in cases where the federal operational funds do pass through the department to the local agency, the reconciliation of the reporting requirements for disbursement of the funds from the different federal programs for client transportation may require the allocation of considerable staff-time.

In cases where a federal program provides funding directly to the local agency, the department's ability to encourage the coordinated use of transportation resources at the local level may be severely limited because it lacks "the power of the purse" to require it. The coordination programs in the States of Florida and Iowa offer good examples of cooperation among state, regional and local governments which address this and other hurdles to coordination.

The descriptions of these two state coordination programs which follow are based on case studies provided by Jo Ann Hutchinson, Director of the Florida Council on the Transportation Disadvantaged, and J. P. Golinvaux, Iowa Department of Transportation. Their programs were selected for closer study because Florida and Iowa rank first and second among the states in percentage of elderly population, and public transportation plays a vital role in human service delivery to this growing segment of the rural population.

Section 18 systems operated 12,000 vehicles in 1985.

Chapter IV:
COORDINATION IN TWO STATES

During the past two decades, national legislation affecting intergovernmental relations has provided an impetus to regionalization of government services and activities. The objectives of integration, coordination, and community economic development have encouraged the establishment of councils of governments and many other sub-state intergovernmental entities.

Within the last decade, national emphasis on transit development to assure greater access to services and to conserve energy, has merged into the concept of regionalism.

IOWA

In Iowa, responsibility for administering federal and state assistance for rural transportation is vested with the Iowa Department of Transportation. Sixteen regional transit systems have been developed to serve all areas of the state outside of cities with a population of 20,000 or more. Within the Iowa Department of Transportation, the Planning Division allocates and administers Section 18 funds used to support regional and small urban transit planning activities. The Air and Transit Division allocates and administers Section 18 and State Transit Assistance funds for transit operations and Section 16b2 funds for transit capital projects.

Under the Section 18 program, no more than 15 percent of a state's funding can be used for program administration and planning. The use of these funds for these purposes in Iowa is determined by negotiation between divisions, based on past experience and anticipated planning needs. Presently, no federal assistance is used to cover state costs in administering the Section 18 program. Final authority on the programming of all Section 18, Section 16b2, and State Transit Assistance funds lies with the Iowa Transportation Commission which oversees all functions of the Iowa Department of Transportation.

For FY 1987 all State Transit Assistance funding will be derived from a 1/40th portion of use taxes collected on the sale of motor vehicles in the state. Although actual funding will depend on the level of tax receipts during the year, it is estimated that approximately $2.0 million out of a total $2.3 million will go out as formula assistance, with 62.5 percent, or $1.25 million going to the regional and small urban transit systems. Practically all funds distributed by formula are used for general operating support.

Approximately half of Iowa's annual allocation for federal Section 18 transit assistance is also distributed by formula to the regional and small urban transit systems, nearly all of which is used by the local systems for operations support. (A detailed explanation of

Iowa's Section 18 or State Transit Assistance allocation methods is available from the Air and Transit Division.)

Background

Iowa's rural public transit initiatives began in 1975 with the creation of the Iowa Department of Transportation (IDOT), which included a Public Transit Division and a state-funded transit assistance program. During IDOT's first year, it worked closely with the Iowa Legislative Interim Sub-committee on Public Transit on the scope of state responsibilities under the transit assistance program and the level of state funding for the program. During that year, IDOT also prepared a brochure entitled "Bus Specifications and Price Summary" to aid regional and local transit planners in programming capital needs which would be met in part by the IDOT's Public Transit Division through the Section 16b2 program, and the Division's initial budget of $304,000.

IDOT also sponsored a statewide meeting to introduce regional and urban policy makers to the complexity and duplication of existing programs and the regional transit system concept. IDOT also produced a video program on the Division's plan for regional transit systems which was broadcast on Iowa public television.

The Public Transit Division, (now the Air and Transit Division) actually began operations in 1976 with its administration of the public transit assistance program which the legislature established in 1975 and for which it appropriated $2 million in 1976.

At that time, the Division had a staff of 13 which worked closely with IDOT's Planning and Research Division in the administration of the U.S DOT's Section 147 program (rural public transit pilot program of the Surface Transportation Act) which is now the Section 18 program (Small Urban and Rural Public Transportation) run by the Urban Mass Transportation Administration.

These Division activities, along with support from other federal and state funding programs, created the major thrust in the development of Iowa's 16 regional and eight small urban transit systems. These systems are now responsible for developing coordinated and consolidated transit services in their multi-county areas and communities of 20,000 to 50,000 population.

Planning

The backbone of Iowa's coordination program is its legislatively mandated policy that transit activities receiving state or federal transit funding must be conducted in accord with a locally adopted transit development plan. This policy is supported by a program of Section 18 funded planning activities which result in annual regional transit development plans for each of the 16 transit regions, and the eight small urban areas. This planning program is administered by the Iowa Department of Transportation's Planning and Research Division, Office of Advance Planning.

Regional planning agencies conduct this planning under contract with the Iowa DOT. In several cases these regional planning agencies are also the designated single administrative agencies for regional transit provision. In special cases, where no regional planning agency exists or where special agreements have been reached between the transit operator and the planning agency, planning contracts have been issued directly to a transit system.

The primary function of the regional and small urban transit planning process is to prepare an annual update of the respective transit development plans. Each transit development plan identifies local transit needs, evaluates system performance and conditions, and provides a forum for the local system to determine local service levels, coordination needs, and service design.

The plan is used to identify and justify the operating, capital, and planning projects proposed for state and/or federal funding in the coming year and beyond. This process allows for input and involvement by both the public and private transit providers. (A detailed discussion of this process is provided in a manual entitled "Transit Planning for Iowa's Regions and Small Urban Areas" which is available on request from the Air and Transit Division (ATD), Iowa DOT.)

Sole Provider

Under Iowa's coordination program, within each small urban area or transportation region, local officials must designate a single agency to be responsible for the administration and provision of transit services. These systems must provide services to the general public on at least "a space available" basis.

Transit spending within each region must be consistent with a transit development plan for the service area approved by local officials. Agencies other than the designated single administrative agency may receive state or federal transit assistance funding only through pass-through agreements with the designated agency. These agreements must provide for coordination of every agency's transit services with services provided directly by or under other sub-contracts of the transit administrative agency.

This policy is supported by state legislation (Chapter 601J of the Code of Iowa) enacted in 1985, which requires that transit providers other than the designated single administrative agency must either operate under contract with that agency or prove that they have a more economical operation in order to receive state funding, or state-controlled federal funding, for their transportation services. Under this legislation, transportation providers other than the designated single administrative agency must obtain certification of coordination from the IDOT.

Chapter 601J also empowers IDOT to withhold funding for non-certified transportation providers. The law provides a three year phase-in with increasing amounts of funding impounded or diverted over this time. It is binding on all state agencies and provides for negotiated voluntary compliance or court-imposed injunctions to secure compliance in the case of direct federal or local funding programs.

Certification

Following enactment of the certification legislation, the Air and Transit Division surveyed the County Boards of Supervisors for transit programs supported by County budgets and developed a listing of agencies supported by funds from the Iowa Departments of Human Services and Health. The 386 local and state agencies providing transportation which were identified through the survey were then sent an information packet which included a copy of Chapter 601J of the Iowa Code and a "Local Agency Response Sheet" for completion and return by the local agency.

After the Division receives a "Local Agency Response Sheet," staff reviews the information for completeness. Each agency's transit service is then discussed with the manager of the agency's transit system designated to serve the area in which an agency is located. A recommendation is then made to the Division director whether an agency's service is compliant with state service coordination requirements.

Currently, the only transportation provider not included in the certification process, as required by the Iowa legislature in 1985, is the local school district. Since July of 1985, 104 agencies have been certified as being compliant, 39 exempted, 136 given a one year waiver, and 197 are pending certification.

Evaluation

The development of regional transit systems is inherently a slow process. The complex interactions between state and local governments, as well as the fact that many state and federal agencies pro-

vide funds for transit services, all influence the extent to which a rural transit system will be able to coordinate service.

Iowa's commitment to the regional transit concept has required state and regional staffs to have technical knowledge of transit operations, organization development, and community organization. Skill in eliciting political support, as demonstrated through the commitment of fiscal resources and cooperation between units of government, must be acquired.

The coordination process that Iowa has developed is not yet perfected, but it has been a catalyst for improved communication between various agencies that need transportation and the recognized transit agencies in the state.

Iowa's leadership among states for regional transportation programming is due to its initiation, beginning in the late 1970s, of a statewide system of bringing together providers of different modes of transportation into a coordinated planning process.

Based on the carrot and stick model, the IDOT provides technical assistance through its Planning and Air and Transit Divisions and financial assistance through the state Transportation Assistance Program in return for local participation in the transit planning process.

The Iowa legislature's recent mandate of certification of coordination among all transportation providers, except school systems, adds a significant levering tool to Iowa's coordination program and better enables the state to provide for the mobility needs of its citizens at the least possible cost.

FLORIDA

In Florida, one of the most important concerns in rural transportation is the continued unmet mobility needs of the rural elderly and handicapped. Despite the expenditures of considerable sums of federal, state and local monies for the provision of transportation services, available services are not always adequate to meet all mobility needs. Florida's rural transportation coordination program operates on the predicate that more effective utilization of existing services, vehicles, and funding for transportation in rural areas will result in higher levels of service at reduced cost.

Background

In 1985, Florida's population totaled about 11.3 million, of which approximately 40 per cent were classified as transportation disadvantaged. Because of age, or physical condition or income status, the 40 percent could not gain access to essential services without public assistance. An additional ten percent were classified as rural residents. These two groups make up the principal users of Florida's public transportation services, and is estimated that $37 million was spent in Florida in 1985 to meet their needs.

Prior to 1979, when the Florida legislature mandated the coordination of all state and federally funded programs providing transportation services to the disadvantaged in the state, there was no formal guidance system at the state level regarding the development or operation of transportation services for Florida's elderly, handicapped, and/or rural residents.

During the 1970s the levels of services available to these residents was strongly influenced by federal programs designed to benefit specifically defined groups of people, or to provide specific services to those persons demonstrating need. These "categorical" programs, combined with unmet needs for transportation services in most areas, led to the creation and operation of approximately 800 individual and separate transportation providers in the state.

Most of these were operated by private, non-profit organizations which had carefully nurtured and expanded their transportation services with available federal, state, and local funding.

The legislature's action to mandate state coordination arose from the realization that professional human service providers were not necessarily professional transit providers. Although some of these transportations providers had grown from small fleets into sophisticated rural public transit systems, most of the providers operated only a few vehicles on a day-to-day basis for only a limited number of users. These small providers also rarely had access to transportation system management or maintenance expertise.

Coordinating Council for the Transportation Disadvantaged

When the legislature did act in 1979 to require coordination (Fla. Stat. Ch. 427), it embraced the concept of "centrality" by establishing the Florida Coordinating Council for the Transportation Disadvantaged. Chapter 427 requires local and regional planning units to report annually to the Council on the sources and amounts of federal, state, and local funds used to provide transportation services to the disadvantaged within their planning areas. It also requires the designation of local-level "sole providers" (see Iowa above) of transportation services.

The Council's membership was specified in the statute to insure broad-based support for its actions among the principal providers of services. It consists of the Secretaries of the Departments of Transportation (Chair), Health and Rehabilitive Services, Community Affairs, the Commissioner of Education, and representatives of consumer groups including elderly, handicapped, and low income. The state Department of Labor is an ex officio member of the Council owing to that agency's administration of the Job Training Partnership Act (JPTA) which has a transportation component. The state Department of Transportation has primary responsibility for implementing the coordination program.

Five Year Plans

Under the mandate, the Council was empowered to develop state rules and regulations which would result in the more efficient use of federal, state, and local funding for disadvantaged transportation. Ch. 427 also requires the state Department of Transportation to prepare and maintain five year transit and paratransit plans for transportation disadvantaged. An annual budget estimate (Annual Element) which identifies the amounts, sources, and planned use of all funds for transportation disadvantaged services, is also required.

Sole Provider

The Council was also charged with the duty of designating a Coordinated Community Transportation Provider (sole provider) for every county in the state. By law, this sole provider is responsible for the coordination of all transportation services to the disadvantaged within the county.

The law provides that these five year plans and the sole provider designees must be submitted to the Council for its approval. During its first year of operation, the Council's initial work was directed toward developing rules and guidelines for the contents and preparation of these plans and their incorporation into the Florida Administrative Code. (See Rule 41, Florida Administrative Code)

As adopted, Rule 41, provides procedures for the Five Year Plan, Annual Element, and the designation of the "Coordinated Community Transportation Provider." Rule 41 also requires that the budgets of all state agencies providing transportation services to the disadvantaged show estimates of the amounts and sources funding, as well as the estimated number of clients to be served and the types of services provided.

Evaluation

Passage of Ch. 427 set in motion a unique state level effort to bring about a major structural change in the provision of transportation services to the transportation disadvantaged. Passage of Rule 41 reflects the varied input from the membership of the Coordinating Council and the intent of the Florida legislature in adopting its policy on coordination.

Though the Coordinating Council's program was controversial initially, it has facilitated increased communication between its member Departments, especially Transportation and Health and Rehabilitative Services, and the professionals involved in planning and actual delivery of disadvantaged transportation services.

Over the last nine years, the Council's program has resulted in improved state, regional, local inter-communication. It has succeeded in designating Coordinated Community Transportation Providers in each of Florida's 67 counties. Fifty-five counties now have fully coordinated programs approved by the Council.

LESSONS FOR OTHER STATES

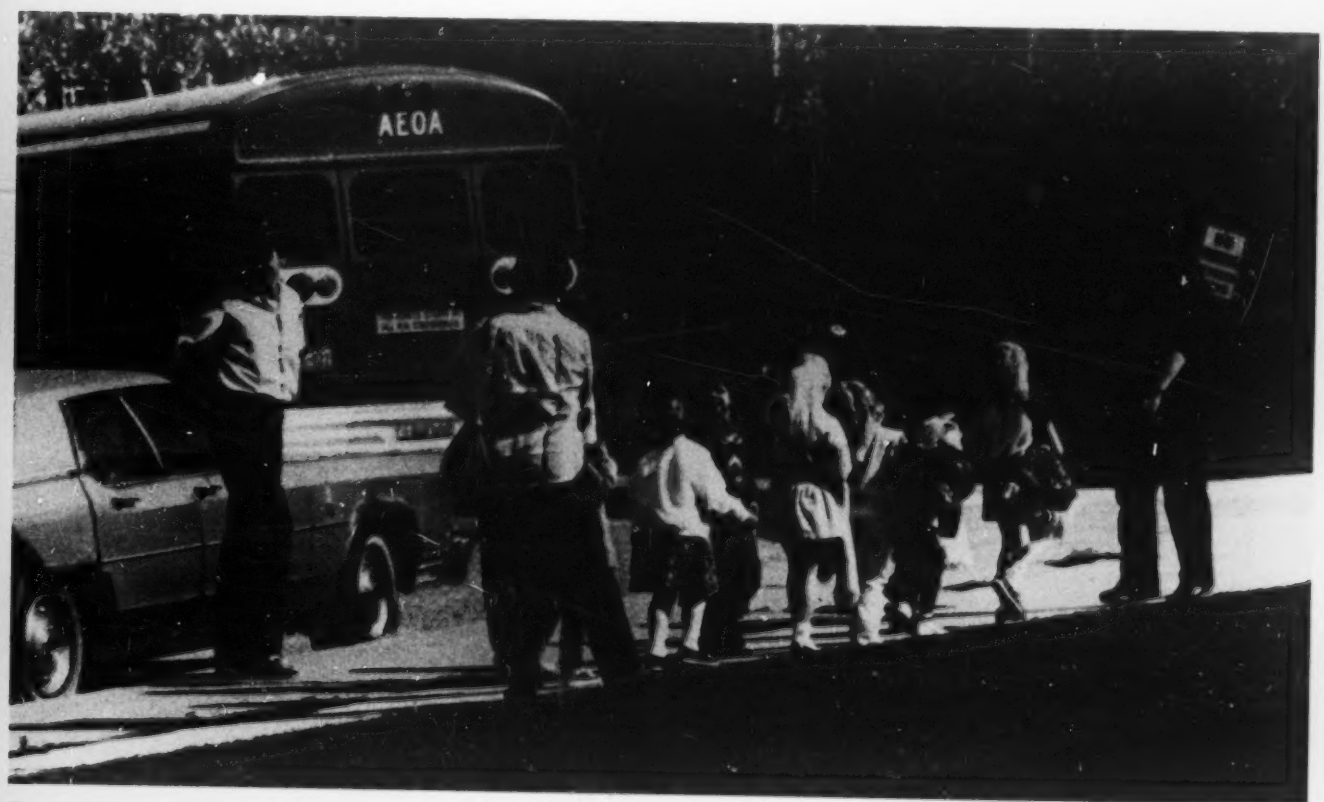
The coordination programs in Florida and Iowa represent over 20 years of management experiences focused on the improvement of public transportation service in rural areas. Over this period, the programs have addressed many obstacles to coordination.

Chief among these in Iowa have been:

- lack of understanding of the concept of consolidation;
- skepticism about the benefits to be achieved from sharing transportation resources;
- shifting of funding responsibility from their entitlement program to the transit program;
- turf fighting;
- local perception of the regional transit system as a state creation;
- lack of professional management background among local transit managers;
- local level reluctance to accept the private transportation sector;
- protectionist attitude on the part of many human service administrators; and the
- shortage of start-up funds for capitol purchases by coordinated transit systems.

The principal problems Florida has experienced in the evolution of its program for coordination of transportation services in rural areas are similar to those identified in Iowa. They include the shortage of "start-up" money for coordinated services, and "turf-guarding" by human service agencies which perceive the purchase of transportation service as not being in the best interest of their clients or program. The initial lack of comparative data on the cost of transportation also has caused problems.

These impediments to coordination, as identified by representatives of Florida and Iowa's coordination programs, closely match those identified by the respondents to The Center's 50-state survey, and correspond to the recommended goals for state action made by the participants at The Center's rural public transportation Symposium. The survey results on impediments to coordination and the Symposium recommendations are discussed in the following chapter.



Rural transit systems can provide transportation services to other government-funded programs.

Most rural transit providers give door-to-door service.

Chapter V:

IMPEDIMENTS TO COORDINATION

As explained in Chapter III, the Center's 50 state survey had two objectives. The first was to update the information based on state government programs to coordinate rural public and specialized transportation programs. The second objective was to quantify the impact of these programs.

With respect to the first objective, the survey results showed that 41 states had some type of transportation coordination program in effect in mid-1986. These programs encompass informal, ad hoc working groups within the departments of transportation; formal interagency agreements for coordination between the departments of transportation and human services; and state laws requiring coordination between these agencies.

With respect to the second objective, to quantify the impact of the coordination programs, the survey results reflected the socioeconomic, governmental and geographic differences among the states and did not identify a best state program.

However, all the state coordination programs share two characteristics. They implement to varying degrees the concept of centrality which directs the flow of relevant information through one point. They also share a commitment to reducing the impediments to coordination.

Twenty-nine survey respondents identified what they perceived to be the major impediments to coordination in their state and categorized the impediments as being either federal, state, and/or local in origin.

Federal Impediments

Many federal health and human service programs provide transportation services for their clients and the conflicting regulations among these programs is the most often cited impediment to coordination. Survey respondents said that the conflicting regulations and reporting requirements of the federal programs frustrated their efforts to coordinate transportation services in rural areas.

Perhaps as testament to the maze of conflicting reporting requirements, eligibility criteria, and accounting formats presented by the large number of federal programs, only 11 states could report that Section 18 providers in their state had contracts to provide transportation for state health and human service agencies. Only one state was able to report the existence of Section 18 contracts, the number of contracts, and the number of riders carried. (See Table 7)

Survey respondents also said that federal programs which provide funding directly to localities reduced their ability to influence the management of the transportation component of those programs (Title III of the Older

TABLE 7. CONTRACTS AND FUNDING FOR SECTION 18 and SECTION 16b2 PROVIDERS

State	Section 18 Operator Contracts With State Health and Human Service Agencies										Sources of Sec. 1682 Operating Funds Known	
	Number of Section 18 Grantees With Contracts							Number of Contracts	Number of Riders	(Year)	Number	Amount
	1985	1984	1983	1982	1982	1980	1979					
Alabama	25/36										16	1
Alaska												
Arizona												
Arkansas	7/8	7/8	7/8	6/6	6/6			36	458,326	(1985)	8	
California	10/95							2	15,000	(1985)		
Colorado												
Connecticut	2/6	2/6	2/5	2/4	2/2	2/2	0/1					
Delaware	1/2							51	219,000	(1985)	7	
Florida												
Georgia												
Hawaii												
Idaho												
Illinois	7/16							23	NA	(1985)	10	
Indiana	5/14	4/14	4/14	5/13	5/15	1/9	0/6	4	182,276	(1985-79)	11	
Iowa	16/24							NA	NA	(1985)		
Kansas												
Kentucky												
Louisiana												
Maine	17/18	17/18	17/18	17/18	17/18	17/18	17/18					
Maryland												
Massachusetts		10/18						15	NA		14	
Michigan												
Minnesota												
Mississippi												
Missouri												
Montana												
Nebraska												
Nevada												
New Hampshire	1/4							4	NA		9	
New Jersey												
New Mexico												
New York												
North Carolina												
North Dakota	1											
Ohio												
Oklahoma												
Oregon												
Pennsylvania												
Rhode Island												
South Carolina	9/10							20+	200,000	(1985)	20	
South Dakota												
Tennessee												
Texas												
Utah												
Vermont												
Virginia												
Washington												
West Virginia								NA	NA		13	
Wisconsin												
Wyoming												

Source: Center for Agriculture and Rural Development, Rural Public Transportation Survey, July 1986, The Council of State Governments.

complete recommendations regarding goals and strategies for state coordination programs, are contained in Appendix B.

Summarized, the recommendations from the Symposium, center on three objectives for state coordination programs.

Management

Successful programs should strive to enhance the management capacities of agencies and personnel. A formal method for regularly exchanging information and developing joint state-wide plans should be a basic component of coordination programs. Increased technical assistance and training should be available to local system managers. Government officials and state transportation associations should join forces to more effectively inform the public about rural public transportation needs and services.

Funding

In addition to considering increasing general fund contributions to passenger transportation in rural areas, states should encourage diversification of existing funding and farebox revenues. New sources of funding, and incentives for increasing local support, should be explored. All state agencies should be encouraged to generate comprehensive information about the budgets, spending, and overall costs of their transportation programs on a periodic basis.

Quality of Life

State leaders should work to assure access to health care, higher education, and jobs for all rural citizens. To do this state leaders should assess the nature of life in their rural areas and the extent to which transportation contributes to the quality of life of rural residents.

RESOLVING IMPEDIMENTS

A main objective of state rural public transportation coordination programs is to integrate the transit components of health and human service programs with existing Section 18 transportation services. The benefits of this type of integration are at least two-fold. First, it permits the health and human service agencies to devote more resources and personnel to the actual services of the program and less toward transportation. Second, it increases Section 18 provider ridership and revenue which may reduce the operating costs of rural public transportation.

Major impediments to coordination of public and specialized transportation in rural areas lay with all levels of government as well as with the providers and users. The development of an effective coordination program requires the willingness of each of these interests to cooperate. Given a state commitment to this end, the impediments to effective coordination are resolvable over time.

FOOTNOTES

1. *1985 Survey of State Involvement in Public Transportation*, American Association of State Highway and Transportation Officials (AAHSTO), October 1985.

2. *A Directory of Rural and Specialized Transit Operators*, Rural America, June 1986.

3. *A Directory*, Rural America.

4. *Transportation for Elderly and Handicapped People: Programs, Regulations, and Issues*, Congressional Research Service, The Library of Congress (85-699E), Lenore M. Sek; and *The Diverse Social and Economic Structure of Non-metropolitan America*, U.S. Department of Agriculture, Economic Research Service, Rural Development Research Report No. 49, 1986.

5. Section 18 refers to Section 18 of the Urban Mass Transportation Act of 1964 as amended by Section 313 of the Surface Transportation Act of 1978, and subsequently by the Surface Transportation Act of 1982, which replaced the Section 5 urban formula grants program with a general block grant program in a new Section 9, from which the Section 18 programs are funded at the level of 2.9 percent of the total amount budgeted for the Section 9 program. In 1983, the administration of Section 18 was transferred from the Federal Highway Administration to the Urban Mass Transportation Administration in the U.S. Department of Transportation.

6. Section 16b2 refers to Section 16b2 of the Urban Mass Transportation Act of 1964, which was added by amendment in 1970, and amended in 1973 (PL. 93-87, 87 Stat. 250 et seq) and by the Surface Transportation Act of 1982. These amendments provided that the Section 16b2 program would be funded from a set aside of up to 3.5 percent of the total amount budgeted for the urban capital grants program contained in Section 3 of the Urban Mass Transportation Act of 1964. In 1982, the source of funding for Section 3 was changed from general fund appropriation to a dedicated tax on gasoline and related items, which goes into the Mass Transit Account. This account provides about one-third of all federal money for transportation.

7. *A Directory*, Rural America.

8. *1985 Survey*, ASHSTO.

9. *Hindrances to Coordinating Transportation of People Participating in Federally Funded Grant Programs*, Comptroller General of the United States, (CED-77-119, Vol. 1), October 1977.

10. *Coordination of Specialized Transportation: An Inventory of State Activities*, U.S. Department of Health and Human Services, Office of Human Development Services, June 1981.

11. *Rural and Specialized Transportation: UMTA Programs and the States*, American Association of State Highway and Transportation Officials, 1984.

12. The eight states which are members of the Transportation Accounting Consortium did not perceive accounting and billing problems as being insurmountable.

APPENDIX A
Table of State Coordination Programs

STATE TRANSPORTATION COORDINATION ACTIVITIES AFFECTING HUMAN SERVICES AS OF 8/86

State	Legislative or Executive Order (Re: Coordination) *(Reference, Purpose, Date Enacted or Signed)*	State Interagency Committee or Task Force *(Name, Purpose, Participants)*	State Level Interagency Agreement *(Parties, Purpose)*	Technical Assistance State-To-Local *(Provider, Participant, Purpose)*
Alabama	None	Governor's Task on Public Transportation. AL Highway Dept. (AHD). AL Council on Aging (ACOA). Governor's Office, Highway Department, Social Service Agencies, Churches, Universities and League of Municipalities	None	Transit Association's annual meeting. Contract with universities. FHWA Technology Transfer AHD sponsored.
Alaska	None	None	None	None
Arkansas	**ACT 192,** 1977. Expanded AR State Highway Department (AHTD) role to include administration of federal DOT programs and mandate coordination among state agencies providing transportation.	Planned as a result of interagency agreement.		AHTD: For Section 18 & 16b2 recipients. Vehicle specifications, record keeping, completing dealing with mechanical problems, human service transportation issues, monitoring and evaluation.
California	**AB58,** 1985: to implement AB12 and to identify transportation needs of elderly and disabled in rural areas. **AB12,** 1979: The Social Services Transportation Improvement Act. Required coordination of all Social Services transportation and established a task force to monitor its implementation. **SB283,** 1975: Public Transportation Act. Funds a variety of public transportation demonstration projects. **Transportation Development Act,** 1971: Allows counties to impose a 25% retail sales tax that can be used for community transit service.	Interagency Social Services Public Transportation Committee (ISSPTC): Aids CALTRANS in reviewing grant applications: (16b2), DSS, Dept. of Health DVR, Dept. of Aging. Social Services Transportation task Force provides direction on implementation of AB120. Twelve agencies, consumers, transportation providers.	CALTRANS—Dept. of Rehabilitation: Establishing priorities for fixed route (FR) accessibility, coordinating FR with specializing services. CALTRANS—Dept. of Aging: Working Mtogether to establish generic transportation services at local level.	CALTRANS staff—two general, one representative in each of eleven district offices. For anyone planning, marketing, management.
Colorado	1984—State became member of national Transportation Accounting Consortium (TAC). Governor appointed state TAC task force.			

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Colorado (cont.)	1983—Legislature authorized CDoH to conduct transit planning in areas under 200,000 population. 1981—Legislature exempted human service transportation providers from PUC regulation. CDoH retains authority to require Transportation Development plans (TDPs).	The Interagency Advisory Committee (IAC) evaluates all Section 16b2 and 18 applications. Five state agencies are represented.		CDoH has developed or assisted in the development of TDP's throughout the state. CDoH provides technical assistance, as requested on service coordination, marketing, etc.
Connecticut	Pending.	None.	None.	CN Dept. of Transportation to Regional Planning Agencies and Human Services Agencies—Sect. 16b2 Program.
Delaware	**DTA**, 1979. DE **Transportation Authority Act** created the Authority as a division of the State DOT and vested it with the power to create a statewide specialized transportation administration under its control.	Several interagency task forces have been established to address specific areas for coordination. Additionally there is a Governmas' Council on the Coordination of Services for the Handicapped.	Interagency agreement to investigate potentials for coordinating funding programs.	Various DTA funding programs have been developed with input for human service agencies. Additionally DTA provides assistance with vehicle procurement and service planning.
Florida	**Florida Law 84-56**, 1979. Chapter 427, Florida Statutes.	Coordinating Council on Transportation of the Disadvantaged.	Memorandum of Agreement between Council, DOT and providers.	DOT provides technical assistance to providers of human services.
Georgia	**Senate Bill 457**, 1981. Requires coordination of transportation services.	None.	Georgia DOT - Georgia DHR: To improve coordination of human services transportation.	Client Transportation Project (DHR) for CAAs Project Management financial reporting, contract negotiation, other topics as needed.
Hawaii	None.	Rural Public Transportation Advisory Committee: Advises HDOT in the management of Sect. 18. HDOT, Department of Planning and Economic Development, Social Services and Housing, and Health Commission. Executive Commission on Employment of the Handicapped, Office of Equal Opportunity, various transit.	None.	Rural Public Transportation Advisory Committee: For Section 18 applicants and recipients, new information on the Sect. 18 program through workshops and direct mail.

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Hawaii (cont.)	authorities, CAP directors, Assoc. Rehabilitative Facilities of HI Inc., Oahu MPO, FHWA.			
Idaho		Transportation Task Force: Exploring opportunities for coordination by identifying current expenditures for transportation outside ID Transp. Department and identifying unmet transportation needs.	Currently negotiating agreements with State Department of Health & Welfare and State Dept. of Education.	
Illinois	**Resolution 1299**, 1984. Established the Illinois Task Force on Coordination of Public Transp. Services. (see next column)	Resolution No. 1299 authorized the Illinois Dept. of Rehabilitation Services to convene a task force to develop, with representatives from public and private sector transportation providers, a plan for coordination of transportation service for disabled person. The task force was composed of representatives of the major state agencies, public and private transit providers, disabled persons, groups, advocates and consumers.		The IL Dept. of Transportation (IDOT) Division of Public Transportation (DPT) will meet with any agency which requests technical assistance. In most instances the Division can assist by helping directly, plugging the agency into a national network and/or referring the agency to another agency or the Illinois Paratransit Association. IDOT also has some limited technical assistance funding available to communities to hire consultants to assist with technical issues primarily coordination.
Indiana		Transportation Advisory Group—16b2: Review and advise IDOT on application selection. State Board of Health, Department of Mental Health, Rehabilitative Services, Department of Aging & Community Service, Transportation Planning Office. Interagency Cooperation Group—Sect. 18, Review & advise IDOT on application selection and a discussion forum for Health, Public Service Commission, Department on Aging & Community Service Rehabilitation Service, Transportation Planning Office.		

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Iowa	**Code of IA Chapter 6013** (revised in 1984) gives IDOT power to distribute state transit assistance and federal funding to a single agency in each of 16 sub-state regions and prohibits use of other state, federal, or local funds for any transportation service not coordinated with the regional transit agencies.	State Advisory Committee: Provides input to IA DOT for the regional transit providers. Representatives from Aging and Handicapped groups. State Agency Committee provides technical advice for the Human Services Transportation Accounting Consortium Project: DOT, COA, DSS, Office of Planning and Programming, Department of Public Instruction (Vocational Rehabilitation).		IA DOT: For regional transit providers; Planning, organization grant application, schedules, routes, manager-employee training seminars.
Kansas	None	None	None	To coordinate Section 16b2 and 18 programs.
Kentucky	None	None	KY DOT and KY Department of Human Resources (DHR): Encourages coordination at the state level to improve transportation for elderly; established joint review, planning, and pooling of resources.	As part of our management of the Section 18 Program, we offer technical assistance to our recipients and administrative assistance to agencies, including social service agencies.
Louisiana	None	Emergency Medical Services Priority Task Force: Examined the issue of human services transportation.	None	None
Maine	**LD 1556**, 1979: Established an administrative framework at the state and regional levels for coordinated allocation of state and federal transportation funds and authorized state assistances for planning, technical assistance, capital and operating assistance.	DOT Advisory Committee: Ensure responsiveness of DOT to the needs of various constituencies: DOT, DHS, DMH&C.	None	DHS Bureau of Resource Development: For eight regional transportation providers; coordination, priority setting, scheduling, regional planning.
Maryland	**Transportation Article Section 2-103 (3)**, 1986: Authorizes state funding for all counties and Baltimore City for general purpose transportation for elderly handicapped individuals. **Executive Order of 1975**, as amended in 1983. Established an interagency committee (see next column).	Interagency Committee on Specialized Transportation: Develops an overall plan for the management, administration and utilization of Section 16b2 funds and coordinates the activities of state agencies involved in the provision of service; members are appointed by Secretaries of Health and Mental Hygiene, Transportation.	Memorandum of Understanding (1978) details responsibilities of state Office of Aging and DOT in administration of 16b2 program.	Regional representatives provide a myriad of technical assistance to all funding recipients and assist in development of TDP and other planning programs.

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Maryland (cont.)	**Transportation Article Section 2-103 (i)(2)(i).** Authorizes state funding for local public transit operators to be administered by the MDOT/MTA. Article 22 (par.) 97A of the Annotated Code of MD. Permits the use of school buses to transport the elderly.	Human Resources, Education, and State Planning; and the Directors of the State Office on Aging and the Governor's Office for Handicapped Individuals.		
Massachusetts	None.	Interagency Advisory Committee (IAC): promotes information sharing and review all applications for 16b2 funding; fourteen agencies including Executive Office of Transportation (EOTC), Human Service (EOEA), and Elder Affairs (EOEA) Committee.	Executive Office of Transportation, Executive Office of Human Services, Executive Office of Economic Affairs, Executive Office of Communities and Development, Executive Office of Elder Affairs plus (12) other Department & Commissions: Info. sharing and 16b2 application review.	Staff of EOTC provide assistance, particularly to 16b2 recipients, potential 16b2 projects.
Michigan	**Act. No. 295** of the P.A. of 1976 as amended through 8/1/86. **Act. No. 51** of the P.A. of 1951, as amended through 8/1/86.	No formal committees or task force. Informal review of affected parties when appropriate.	None in effect.	Bus transit, Intercity and interagency/consumer. Concerns Divisions of UPTRAN upon the request of local service providers or other state agencies. Assistance range is all aspects of public transportation service.
Missouri	**Senate Bill No. 53**, 1985.	Coordinating Council on Special Transportation: Develop plans for elderly and handicapped transportation, review state budget requests for related programs, recommend uniform auditing and accounting system for related transportation program, report on total expenditures in state for H & E transportation by 12/31/88; members include four state legislators, representatives of the state department of highways and transportation, elementary and secondary education, social services.	None.	Transit Unit of Missouri Highway and Transportation Department: provides assistance to local organizations in developing and operating systems to serve multiple special client groups with multiple funding source.

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Missouri (cont.)		(aging, mental retardation), mental health, and representative of elderly and handicapped consumers.		
Montana	**Senate Bill 21**, (CH. 440, R.C.M.). 1983. Established authority for local governments to levy up to one mill of property tax to provide special transportation for elderly and handicapped persons.	None	Department of Commerce and Department of Social Services and Rehabilitation have established a joint application for capital funds.	None
Nebraska	**L.R. 136.** Established a Public Transportation Advisory Committee (PTAC).	Public Transportation Coordination Committee: Advises Department of Roads on legislative matters affecting human service coordination; Department of Roads, Health, Aging and others.	None	NB Dept. of Roads: Fiscal and grant information.
Nevada	N/A	N/A	NV Dept. of Transportation, NV Division of Aging Services, Rehabilitation: 16b2 only.	Yes
New Jersey	**Senior Citizen and Disabled Resident Transportation Assistance Act** (P.L. 1983-84) Legislation creating programs which dedicate 7.5% of each year's casino tax revenues to senior and disabled transportation programs. 75% of funds earmarked for coordinated county systems and 25% earmarked for NJ Transit to develop accessible bus & rail systems. **Executive Order No. 70.** 1979. Established a task force to address coordination.	Task Force on the Elderly. Addresses issues, legislation and funding levels of existing and proposed programs for the elderly including transportation. Governor's Task Force on Services to the Disabled. Studies existing services and delivery and makes recommendations on how to improve and expand services to disabled, including transportation; Department of Corrections, Community Affairs, Education, Health, Human Services, Insurance, Labor, Transportation and Treasury.	None	NJ Transit's Office for Special Services: For localities attempting coordination efforts, aid in consolidating funding sources, seeking new funds and other issues important for forming a coordinating system; Office administers statewide programs, such as Section 16b2, Section 18, and state casino tax revenues transportation program.
New Mexico	None	16b2 Advisory Group. All state human service agencies; advise transportation department on grant awards.	No	State personnel provide assistance to grantees in coordinating services with other providers.

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New York	**SB8959**, 1986: Provides a rural public transportation coordination assistance program within the NY DOT. **Executive Order 75**, 1978: Established an interagency task force.	The NY Interagency Coordinating Committee on Rural Public Transportation: Commissioner of Transportation, representatives of Office on Aging, Commissioners of Education, Labor Health, Mental Health, Mental Retardation & Development Disabilities Social Services, Agriculture, Sec. of State, State Advocate for the Disabled, State Division for Youth, and six providers-consumers. Interagency 16b2 Review Committee evaluates 16b2 applications.	None	Technical Assistance has been available from the state DOT since start of Section 18 program in 1980.
North Carolina	**Executive Order No. 9**, 1985: Establishes the North Carolina Public Transportation Advisory Council and the North Carolina Interagency Transportation Review Committee.	The NC Public Transportation Advisory Council: make recommendations regarding procedures for the Review Committee (below); to advise funding agencies when differences arise between the Review Committee and local funding applicants, and to make recommendations to the Department of Transportation concerning public transportation policy; one member from each of the 14 highway divisions in the state, five at-large members, plus the Secretaries of the Departments of Human Resources and Transportation. The NC Interagency Transportation Review Committee: implement policy developed by the Advisory Council, to review all transportation components of applications or plans requesting transportation funding from all state agencies and, to issue recommendations to the appropriate state agencies based on its review; representatives of four state	None	DOT (3 planners assigned regionally): Annual workshops on changes in state and federal regulations and other issues relevant to provision of rural transportation.

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North Carolina (cont.)		departments: the Departments of Human Resources, Transportation, Education, and Natural Resources and Community Development.		
North Dakota	None	Section 18 Advisory Committee. Advises DOT.	None	None
Ohio	None	Ad Hoc Elderly and Handicapped Transportation Committee: Investigates means of effecting coordination; Department of Aging, Mental Health, Human Services, Development, Mental Retardation, Education Governor's Office for Advocacy for Disabled Persons, Youth Services, Industrial Commission, Disabled American Veterans, Office of Budget and Management.	None	Each agency providing transportation gives technical assistance. Points of conflict discussed by Committee.
Oklahoma	None	None	Memorandum of Agreement OK Department of Transportation and Special Unit on Aging DHS.	OK Department of Transportation for Section 18 applicants.
Oregon	None	None	None	DOT: Technical Resource Programs; for small communities TCP's 16b2 projects.
Pennsylvania	**Rural and Intercity Common Carrier Act** (Act 10), 1976: Funds public transportation in rural areas. Coordination with existing carriers is required. Service may not be exclusively for elderly and handicapped persons. **Executive Order** (1974-9) (rescinded) Mandated that PA DOT take lead in coordinating rural transportation. (Rescinded).	Interdepartment 16b2 Review Task Force: Reviews 16b2 applicants and sets state administrative policy on this issue; Seven state agencies and offices including the Dept. of Aging, Health, Public Welfare, and Transportation. Transportation Coordination Task Force: (in-active) Drafted recommendations to the Governor on coordination, especially for transportation for the elderly; included PA DOT, Aging, DPW, and the Dept. of Community Affairs, Education, Commerce, Health, Governor's Office of Planning and Policy and the Public Utilities Commission.	None	PA DOT: For Section 18 and Act 10 recipients: Rural Transportation issues. Department of Aging: For Area Agencies on Aging; Client transportation issues and problems.

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Rhode Island	None	Interdepartmental 16b2 and 18 Review Committees: Review 16b2 and 18 applications; Office of State Planning, Dept. of Elderly Affairs, Dept. of Human Services, Dept. of Mental Health, Retardation and Hospitals	None	DOT, Dept. of Elderly Affairs: for Capital Operating Assistance grants; Public and client transportation issues and problems.
South Carolina	1981 Amendment to Interagency Council legislation of 1977 adds members to the Council including the Department of Mental Retardation, the chairman of the Senate Transportation committee and the Chairman of the House Education and Public Works Committee. 1977 State Law established the SC Interagency Council on Public Transportation to give advice and make recommendations to the SC Dept. of Highways and Public Transportation. 1973 State law authorizing Regional Transportation Authorities based on specified criteria including coordination.	SC Interagency Council on Public Transportation: Reviews and makes recommendation on local applications seeking state and federal (i.e. UMTA 8, 16b2 and 18 and FHWA ride-share) assistance. Governor, Lt. Governor, DHPT, Public Services, State Energy Management Office, Dept. of Vocational Rehabilitation, Dept. of Education, Office of Motor Vehicle Management, and seven appointed representatives from government and relevant association.	None	SC Department of Highways & Public Transportation provides technical assistance through the operation of a statewide mobile laboratory drivers training program. Assistance is provided to human service agencies upon request.
South Dakota	None	Transportation Planning and Coordinating Task Force: Exchanges information among members, identifies problems and solutions to coordinating transportation, identifies transportation resources available and recommends policy changes to improve transportation planning, funding and delivery and reviews Section 18, and 16b2 applications. Department of Social Services, Transportation, Labor, Educational Cultural Affairs, and the Offices of Government Operations and Indian Affairs.	SD Department of Transportation and SD Department of Social Services: Working agreement to coordinate in matters of transportation services for the elderly and handicapped.	SD DOT: For transportation operators, applicants for DOT funding, stimulation of coordination efforts, specialized transportation issues. Department of Social Services Office on Aging, SD Association of Senior Citizens. State Office of Economic Opportunity: For local agencies, specialized transportation issues.

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Texas	None	Resource Advisory Group (inactive): Provided forum for information sharing; sponsored 2 southwest conferences; Department of Community Affairs, Human Resources, and Highways and Public Transit	None	SDHPT: For local transit providers; transportation planning and management, micro computer, marketing & miscellaneous, other training; 16b2 and 18 applications
Vermont	**State Appropriation Act, (p. 104-H, 771),** FY87: Directs the Secretaries of Transportation and Human Services to prepare a plan for coordination and consolidation of transportation services within the service area of a public transit operator, to be completed by March 1987	16b2 Advisory Committee: Reviews 16b2 applications and makes recommendations to AOT, AHS, Elderly, Handicapped, Public Transit	Interagency agreement between Agency of Transportation and Agency of Human Services to conduct a study to test feasibility and demonstrate coordination in Windsor County (White River Jct. and vicinity.)	AOT: for grant application process, cost estimates, vehicle types etc.
Virginia	**Senate Bill 29,** 1986: Mandates the Department for the Rights of the Disabled, in cooperation with other state agencies, including the Departments of Transportation and Human Resources—to develop a plan to provide coordinated transportation services to the disabled	Transportation Committee on the Dept. for Rights of the Disabled	None	State DOT: Technical Assistance (Section 18) provides funds for the Development of Agency coordination plans.
Washington	None	16b2 Review Panel: (informal): Review 16b2 application; DOT Office on Aging in the Dept. of Health and Social Services and other state human service agencies. Section 18 Review Committee: Reviews Section 18 applications and develops a state management plan; DOT Department of Health and Social Services, State Utilities Commission, and other agencies.		DOT and Office on Aging: For local agencies: provides various coordination models, equipment, driver training, resource development. DOT and Dept. of Health and Social Services: For social services providers; Annual conference on transportation issues.
Wisconsin	1981 State Law **(Section 85.23 WI)** authorizes DOT to fund public transportation projects in non-urbanized areas under the UMTA S.18 program. 1977 State Law (85.23 WI) authorized DOT	Interdepartment Transportation Coordination Committee: Identifies relevant policy and legislative issues, reviews other transportation related activities at the state level; includes approximately	DOT and DHSS: Original executed in 1974 to require the joint review of UMTA 16b2 application. Revised in 1982, the agreement new calls for the two agencies to pur-	DOT and DHSS: For applicants and new grantees receiving state or federal grants including preapplication; assistance, and information on federal and state programs. Office of State-

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STATE TRANSPORTATION COORDINATION ACTIVITIES AFFECTING HUMAN SERVICES AS OF 8/86

State	Legislative or Executive Order (Re: Coordination) *(Reference, Purpose, Date Enacted or Signed)*	State Interagency Committee or Task Force *(Name, Purpose, Participants)*	State Level Interagency Agreement *(Parties, Purpose)*	Technical Assistance State-To-Local *(Provider, Participant, Purpose)*
Wisconsin (cont.)	to make state capital grants to private, nonprofit for specialized transit to supplement the UMTA 16b2. 1977 State Law **(Section 85.21 WI)** authorized DOT to fund counties to provide specialized transit (capital and operating assistance)	6 persons each from state Transportation & Human Services agencies, and representatives from 16 additional state agencies	sue coordination generally among their programs as they relate to transportation for elderly, handicapped and other transportation disadvantaged persons	wide Transportation Programs, Univ. of WI Extension Milwaukee: Publishes "Grassroutes" a periodic newsletter for rural and paratransit operators, and assists in areas of coordination, driver training personal computers, record keeping.
Wyoming	None	None	None	Highway Department and Office on Aging: For Aging projects, small social services transportation providers: General problems, salary, maintenance, operating schedules, writing grant proposals, etc.

APPENDIX B:

SYMPOSIUM PARTICIPANTS AND RECOMMENDATIONS ON GOALS AND STRATEGIES FOR COORDINATION

RURAL PUBLIC TRANSPORTATION SYMPOSIUM

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SYMPOSIUM RECOMMENDATIONS: OCTOBER 15, 1987

MANAGEMENT

The goal of state government should be to enhance its rural public transportation management capacity to support transportation in rural and small urban areas at the least possible cost.

STRATEGY #1:

Each state should establish a system for state-level transportation coordination which includes representatives of all state agencies that either fund or administer passenger transportation services in rural areas. State level transportation coordination should be formally established via state legislation and/or executive order and should:

a) Provide for the exchange of information between state agencies on activities, funding levels, policies and regulations, and planning for passenger transportation services in rural areas; and

b) Develop a state rural transportation policy planning program which ensures the most efficient use of public and private funding for passenger transportation in rural areas, and which supports local level system planning.

STRATEGY #2:

The state Departments of Transportation and Health and Human Services should provide assistance to state transportation associations in their efforts to inform the general public and public officials about rural passenger transportation needs, issues and resources. This assistance should include personal contacts with the associations and the provision of information and promotional and financial support as feasible, for use by the associations for conferences, newsletters, public service announcements, directories and inventories of providers and services, local Chambers of Commerce.

STRATEGY #3

State government should strive to increase technical assistance which is currently available to provider system managers from both state and federal government.

State Departments of Transportation should provide local system managers with an information package on licensing, certification, regulatory reporting, networking, motor vehicle requirements, insurance, unit costs, and important state, regional or national contacts and resources.

State Departments of Transportation and Health and Human Services, in conjunction with state transportation associations, should develop peer-to-peer technical assistance networks, and an ongoing series of technical assistance workshops.

These workshops should draw on resources available through the U.S. DOT's Technology Sharing Program, Rural America, The American Association of State Highway and Transportation Officials, the National Association for Transportation Alternatives, the Transportation Research Board of the National Research Council, the American Public Transit Association, the National Council of State Human Service Administrators, and other organizations.

FUNDING

The goals of state government should be to maintain existing funding levels and commitments for passenger transportation in rural areas; to diversify funding and farebox revenues; to identify and tap new sources of funding to meet current, unmet needs; and to develop coordination programs, via clear legislative mandate, which facilitate the efficient flow of funding for rural passenger transportation from source to provider.

STRATEGY #1:

Rural transporation users and providers should improve communication with key state decisionmakers and the public on the need for rural transportation, the community-wide benefits relative to costs, and the high level of public support for rural transportation.

STRATEGY #2:

State government should identify and respond to unmet rural transportation service needs by developing incentives for local government to increase support for rural transportation systems. These incentives should ensure that rural transportation services are operated as productively and efficiently as feasible.

STRATEGY #3 (in any combination):

State legislatures should play a more active role in ensuring coordination by using one or more of the following approaches:

a) mandate that all public funds for passenger transportation in rural areas be consolidated at the state level;

b) mandate that a single state agency have sole authority either to directly provide passenger transportation services in rural areas or to designate and contract with a local service broker;

c) mandate the development and implementation of uniform financial and accounting procedures and require their use as a condition for receipt of public funds for passenger transportation in rural areas;

d) mandate that all public funds for passenger transportation in rural areas, over which the state has control, appear as a line item in the state budget.

QUALITY OF LIFE

The goal of state government should be to assure personal mobility to transportation disadvantaged people to enhance quality of life and reinforce the social and economic vitality of rural communities.

STRATEGY #1:

A national steering committee should be established, with a counterpart in each state, to provide ongoing organizational development for rural transportation. The steering committee, with the assistance of

national and state organizations, should develop and conduct a series of regional conferences on state government programs for rural passenger transportation coordination.

The conferences should be modeled after The Council of State Government's Rural Public Transportation Symposium and should provide for the presentation and discussion of these recommendations and the findings of The Council's rural public transportation project.

Conference invitees should include senior representatives of all federal and state agencies involved in passenger transportation in rural areas, leadership representatives of state and federal legislative committees for transportation and health and human services, as well as providers and users.

These conferences would assist the recently established joint Federal Transportation Coordinating Council, linking the U.S. DOT and the U.S. HHS, achieve its mission of streamlining programs to facilitate coordination of transportation service at the state and local levels. The conferences would also assist the rural transportation network to strengthen its local, state, regional and national organizational base and to improve liaison at these levels.

STRATEGY #2:

Cost/benefit analyses and measure of need models which quantify the role of public transportation in the social and economic vitality of rural communities should be developed. Information generated via the models could be incorporated into the network's public awareness programs.

These models could be used to encourage intergovernmental cooperation and exchange of information, to provide marketing data for use in public relations programs, and to increase the sensitivity and awareness of public officials and the media to the uniqueness of rural conditions.

STRATEGY #3:

State legislatures should enact coordination policies and programs which maximize the use of existing rural transportation resources, distributed in an equitable manner, and generate new, or more stable, sources of funding for rural passenger transportation.

A model state government coordination policy and program should include:

a) an inventory of state and local rural transportation resources (capital and human, public and private);

b) the identification of federal and state regulatory barriers to coordination;

c) the facilitation of interagency cooperation for their mitigation; and

d) the encouragement of comprehensive state-level rural development policies.

APPENDIX C: BIBLIOGRAPHY

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